

Expiration Date:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0135. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

REPORT OF RECALL EFFECTIVENESS

1. RECALL CASE NUMBER 2. CLASS 3. CHECK LOCATION [] TELEPHONE [] ON-SITE
4. NAME, ADDRESS AND PHONE NUMBER OF CONSIGNEE 5. CHECK TYPE [] EFFECTIVENESS [] DISPOSITION 7. ELIGIBILITY [] ELIGIBLE [] INELIGIBLE
6. CHECK TYPE [] REPLACEMENT [] BIASED [] RANDOM DATE OFFICE WAS NOTIFIED
8. UNSUCCESSFUL CONTACT ATTEMPTS (Additional space in comments section)
PHONE DATE TIME
9. NAME AND TITLE OF PERSON INTERVIEWED INTERVIEW DATE INTERVIEW TIME 10. PRODUCT FOR SALE [] YES [] NO
11. RECALL NOTIFICATION RECEIVED [] YES [] NO 12. PRODUCTS RECEIVED (Additional space in comments section) 13. LBS OF PRODUCT RECEIVED
METHOD DATE NAME ID MARK
MAIL
FAX
PHONE
EMAIL
OTHER (Specify)
14. PRODUCT DISPOSITION (Attach narrative description and supporting documentation)
VERIFIED BY:
[] OBSERVATION [] RECORDS [] STATEMENT SOLD AMOUNT (LBS)
[] OBSERVATION [] RECORDS [] STATEMENT CONSUMED AMOUNT (LBS)
[] OBSERVATION [] RECORDS [] STATEMENT FURTHER DISTRIBUTED AMOUNT (LBS) (Collect consignee info.)
[] OBSERVATION [] RECORDS [] STATEMENT ON HAND AMOUNT (LBS)
[] OBSERVATION [] RECORDS [] STATEMENT DENATURED/DESTROYED/DECHARACTERIZED AMOUNT (LBS)
[] OBSERVATION [] RECORDS [] STATEMENT RETURNED TO RECALLING FIRM AMOUNT (LBS)
DETAIN TAG NUMBER DETAINED BY USDA/FSIS: DATE AMOUNT (LBS)
15. FOLLOW-UP NEEDED (If yes, complete the information below) [] YES [] NO
DATE ACTION
16. SIGNATURE OF FSIS OFFICIAL 17. DATE FORM WAS COMPLETED

18. COMMENTS: *(Number each item and provide more detailed information, if needed.)*

FOR OFFICIAL USE ONLY

Replacement Check Information
Date Notified DRO or IRC

This check replaced check
This check was replaced by check
